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CONFIRMATION NO. 3973

<b>SERIAL NUMBER</b> 10/725,489	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> T1530-00018
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/179,373 06/26/2002 which claims benefit of 60/300,434 06/26/2001  
 and claims benefit of 60/304,749 07/13/2001  
 and claims benefit of 60/310,493 08/08/2001  
 and claims benefit of 60/331,771 11/21/2001  
 and claims benefit of 60/339,472 12/14/2001  
 and claims benefit of 60/372,090 04/15/2002  
 and claims benefit of 60/374,143 04/22/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none* *see* *9/17/06*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 04/05/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature <i>David</i> Initials				

**ADDRESS**

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**TITLE**

Cell lines that stably or transiently express a functional umami (T1R1/T1R3) taste receptor

<b>FILING FEE RECEIVED</b> 574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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